

Appendix K

<p>NUCLEAR WASTE MANAGEMENT PROGRAM</p> <p>Sandia National Laboratories</p>	<p>Software Problem Report (SPR) Form</p>	<p>Form Number: NP 19-1-10</p> <p>Page 1 of 2</p>														
<p>PART I</p> <p>SPR Tracking Information</p> <p>SPR Number (obtain from SCM coordinator): _____</p> <p>Software Name: _____</p> <p>Software Version: _____</p> <p>SPR Classification: Major <input type="checkbox"/> OR Minor <input type="checkbox"/> (For major SPRs, impact statement is needed from each person designated by Responsible Manager)</p>																
<p>Description of Error: (attach pages as need)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																
<p>Analysis (attach pages as needed)</p> <table border="0"><thead><tr><th data-bbox="154 1113 211 1144">Title</th><th data-bbox="828 1113 909 1144">Author</th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>			Title	Author	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<table border="0"><tr><td data-bbox="154 1543 706 1585">Code Team/Sponsor Name(<i>print</i>)</td><td data-bbox="738 1543 1266 1585"><i>Signature</i></td><td data-bbox="1307 1543 1437 1585">Date</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td data-bbox="154 1701 706 1743">Responsible Manager Name(<i>print</i>)</td><td data-bbox="738 1701 1266 1743"><i>Signature</i></td><td data-bbox="1307 1701 1437 1743">Date</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table>			Code Team/Sponsor Name(<i>print</i>)	<i>Signature</i>	Date	_____	_____	_____	Responsible Manager Name(<i>print</i>)	<i>Signature</i>	Date	_____	_____	_____		
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_____	_____	_____														
Responsible Manager Name(<i>print</i>)	<i>Signature</i>	Date														
_____	_____	_____														

Appendix K (continued)

Software Problem Report Form (Continuation Sheet: Impact Assessment Direct)	Form Number: NP 19-1-10 Page 2 of 2									
PART II SPR Tracking Information SPR Number: _____ Software Name: _____ Software Version: _____ Analysis Title _____ _____										
Impact in Analysis (attach pages as needed) _____ _____ _____ _____										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black; padding-bottom: 5px;">Author/Approved User Name (<i>print</i>)</td> <td style="width: 40%; border-bottom: 1px solid black; padding-bottom: 5px;"><i>Signature</i></td> <td style="width: 20%; border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Technical Reviewer Concurrence Name (<i>print</i>)</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;"><i>Signature</i></td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Responsible Manager Name (<i>print</i>)</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;"><i>Signature</i></td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> </tr> </table>		Author/Approved User Name (<i>print</i>)	<i>Signature</i>	Date	Technical Reviewer Concurrence Name (<i>print</i>)	<i>Signature</i>	Date	Responsible Manager Name (<i>print</i>)	<i>Signature</i>	Date
Author/Approved User Name (<i>print</i>)	<i>Signature</i>	Date								
Technical Reviewer Concurrence Name (<i>print</i>)	<i>Signature</i>	Date								
Responsible Manager Name (<i>print</i>)	<i>Signature</i>	Date								

Instructions:

SPR Tracking Information: Enter the SPR Number, Software Name, and Software Version on each page of the Software Problem Report form for tracking purposes. This item is completed by the Code Team/Sponsor/SCM Coordinator prior to issuing the request for the impact statement.

SPR Classification: Designate level of problem by checking major or minor identified by Responsible Manager

Major: requires a response from each user. Major problems are problems that may cause calculations to be re-run or may necessitate a change to all baseline documents.

Minor: SPRs designated as minor require a response from Code Team/Sponsor.

Analysis Title: Give the title of the analysis for which impact is being described. This item is completed by the Code Team/Sponsor/SCM Coordinator prior to issuing the request for the impact statement.

Impact in Analysis: Describe impact in software/analysis, which used the output, produced by the subject software version. If there was no impact, provide justification. If additional calculations are needed to assess the impact, attach these for technical review concurrence.

Author Signature: Signature of person making the impact assessment.

Technical Reviewer Concurrence: Signature of person who performed the technical review of the software or the analysis. This indicates concurrence with the statement of error and with the assessment of impact. Note: this person shall be independent of the Code Team/Sponsor.

Responsible Manager: Signature of responsible manager indicating that complete impact statements have been given for all impacted analysis. After signature, forward to the SCM Coordinator for submittal to RC.

Note: After all impact statements have been made and reviewed, the responsible manager shall issue a memo to the SCM coordinator stating that all impact statements have been submitted for SCM processing and that the SPR is closed. SCM Coordinator will forward memo to the RC after updating Software Baseline List.